

## *Medication Aide Technique Evaluation Checklist*

	<i>Yes</i>	<i>No</i>	<i>Remarks</i>
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### **MEDICATION(s)**

1. Understands the order as written on medication sheet and med card.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Brings med sheet or card to med room, closet or cart.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Washes hands.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Identifies medication container with med sheet or card.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Removes medication from shelf or cart.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Compares medication label with med sheet or card.	<input type="checkbox"/>	<input type="checkbox"/>	
7. Determines dosage and proper amount of medication to pour.	<input type="checkbox"/>	<input type="checkbox"/>	
8. Pours without touching medication.	<input type="checkbox"/>	<input type="checkbox"/>	
9. Compares medication label with card or med sheet.	<input type="checkbox"/>	<input type="checkbox"/>	
10. Keeps poured medication and med sheet or card together.	<input type="checkbox"/>	<input type="checkbox"/>	
11. Returns medication to shelf or cart.	<input type="checkbox"/>	<input type="checkbox"/>	

### **LIQUID MEDICATION(s)**

12. Proceeds as for oral medication. Items # 1 – 8 above.	<input type="checkbox"/>	<input type="checkbox"/>	
13. Holds medication with label turned toward palm of hand.	<input type="checkbox"/>	<input type="checkbox"/>	
14. Holds med cup with liquid at eye level to measure.	<input type="checkbox"/>	<input type="checkbox"/>	
15. Wipes bottle before returning to shelf or cart.	<input type="checkbox"/>	<input type="checkbox"/>	
16. Locks medication room, closet, or cart when done.	<input type="checkbox"/>	<input type="checkbox"/>	

### **INPATIENT AREAS**

17. Identifies patient thoroughly.	<input type="checkbox"/>	<input type="checkbox"/>	
18. Offers medication and water.	<input type="checkbox"/>	<input type="checkbox"/>	
19. Remains with patient until medication is swallowed.	<input type="checkbox"/>	<input type="checkbox"/>	
20. Charts correctly.	<input type="checkbox"/>	<input type="checkbox"/>	

### **GENERAL COMMENTS:**

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### **SIGNATURES:**

**Date Completed:** \_\_\_\_\_ **RN:** \_\_\_\_\_

**Facility:** \_\_\_\_\_

**Medication Aide:** \_\_\_\_\_